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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
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Expires: May 31, 2005
Estimated Average burden hours
per form 1.00



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTIO

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering Ranger Small Cap	(check if this is an ar		•	ndicate change.)		
Filing Under (Chec	k box(es) that apply):	Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	New Filing	☐ Amendment				
		A.	BASIC IDENTII	FICATION DATA		
1. Enter the inform	nation requested about the i	ssuer			- · · · · · · · · · · · · · · · · · · ·	
Name of Issuer	(check if this is an a	mendment and name	has changed, and i	ndicate change.)		
Ranger Small Cap	Fund, L.P.		-			
Address of Executi	ve Offices	(Numl	per and Street, City	, State, Zip Code)	Telephone Number (Includ	ding Area Code)
300 Crescent Cou	rt, Suite 1000, Dallas, Tex	as 75201			(214) 871-5200	
Address of Principa	al Business Operations	(Numl	per and Street, City	, State, Zip Code)	Telephone Number (Include	ding Area Code)
(if different from E	xecutive Offices)					
Brief Description of	f Business					PARACTOCET
To operate as a pr	rivate investment limited p	partnership.				FKOCE33E
Type of Business C	Organization					- 00 000
a corporation	n	imited partnersl	nip, already formed	i	other (please specify	oct 23 2003
☐ business tr	ust	☐ limited partnersh	ip, to be formed			THOMSON
			Month	Year		FINANCIAL
Actual or Estimated	d Date of Incorporation or C	Organization:	0 8	0 3	☑ Actual ☐ Estim	ated
Jurisdiction of Inco	rporation or Organization:	(Enter One-letter U.S	. Postal Service Al	bbreviation for State	: :	
		CN for Canada; FN	N for other foreign	jurisdiction)		D E

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

CR

			TIFICATION DATA		
	on requested for the f	-			
 Each promoter of 	the issuer, if the issue	r has been organized within the	e past five years;		
 Each beneficial or 	wner having the powe	r to vote or dispose, or direct th	e vote or disposition of, 10% or	more of a class of eq	quity securities of the issuer;
 Each executive of 	ficer and director of c	orporate issuers and of corpora	te general and managing partner	s of partnership issue	ers; and
Each general and	managing partner of p	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General Partner
Full Name (Last name first, if	individual)				
Ranger Investment Manager	ment, L.P.				
Business or Residence Addres		et, City, State, Zip Code)			
300 Crescent Court, Suite 10	000, Dallas, Texas 75	201			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General Partner of the General Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·	····	General Farmer
Ranger Investment Group, I	1.0				
Business or Residence Addres		et, City, State, Zip Code)			
300 Crescent Court, Suite 10					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner of Ranger Managemen	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	of Ranger Wanagemen	i, D.E.C.		Wallaging Lattice
Works Commod E					
Wyly, Samuel E. Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		·	
200.0	•				
300 Crescent Court, Suite 10			<u> </u>		
Check Box(es) that Apply:	□Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				Wallaging Laturel
	,				
Anthony, David B. Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
300 Crescent Court, Suite 10					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Ranger Capital Group Hold				·	
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
300 Crescent Court, Suite 16	000, Dallas, Texas 75	5201			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				-
Thompson, Joseph W., III					
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
300 Crescent Court, Suite 10	000, Dallas, Texas 75	3201			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	- + + + + +			9.5
Canon, K. Scott					
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
300 Crescent Court, Suite 10			ditional copies of this sheet, as r	ecessary.)	

			TIFICATION DATA		
2. Enter the information	on requested for the	following:			
 Each promoter of 	the issuer, if the issu	er has been organized within the	past five years;		
 Each beneficial ov 	vner having the power	er to vote or dispose, or direct th	e vote or disposition of, 10% or i	more of a class of ed	quity securities of the issuer;
Each executive off	ficer and director of	corporate issuers and of corporat	te general and managing partners	of partnership issue	ers; and
• Each general and 1	managing partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General Partner
Full Name (Last name first, if	individual)				1
Kozmetsky, Aaron W.					
Business or Residence Address	Number and Stre	eet, City, State, Zip Code)			
300 Crescent Court, Suite 10	00 Dallas Tovas 7	5201			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General Partner of the
Check box(es) that Apply.	Li Fromotei	Li Belleliciai Owliei	Executive Officer	□ Director	General Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			
Hacker, Nimrod					
Business or Residence Address	Number and Stre	eet, City, State, Zip Code)			
300 Crescent Court, Suite 10	00 Dallas Tavas 7	5 201			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Check Box(es) that Apply.	Li Fromotei	Delicitat Owlie	Executive Officer	Li Director	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)	······································		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(cs) that Apply.	Cironotei	Denencial Owner	D Executive Officer	□ Director	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	S (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if	individual)				Managing Partner
i un ivanie (Last name mst, fi	marviduai)				
Business or Residence Addres	Number and Ct	net City State 7:- Code			
Dubiliess of Residence Addres	5 (Muniori and Suc	ci, City, State, Zip Code)			
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					B.	INFORM	ATION A	ABOUT C	FFERIN	G					
														Yes	No
1. Has the	e issuer	sold, or do	es the issue	er intend to	sell, to non	-accredited	investors i	n this offer	ing?					🗆	X
						also in App			_						
			vestment th		ccepted fro	m any indiv	idual?			*****************				\$ <u>1,0</u> Yes	00,000* No
•	-	-			ngle unit?									X	
						has been o									_
remune agent o	eration of a brol	for solicita ker or deal	tion of pure er registere	chasers in o	onnection SEC and/or	with sales of with a stater, you may	of securities e or states,	s in the offe list the nar	ering. If a properties of the br	person to be oker or dea	e listed is a der. If mor	n associate	d person o	οr	
Full Name (I	Last nar	ne first, if	individual)												
None															
Business or I	Resider	nce Addres	s (Number	and Street,	City State,	Zip Code)									
Name of Ass	cocinted	Broker or	Dealer								· -				
INAILIE OI ASS	sociated	DIOKE! OI	Dealer												
States in Wh	nich Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	<u> </u>	4.4		· · · · · · · · · · · · · · · · · · ·					
														All Si	otes
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All 31	ates
[I	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Name (L					[17]	[01]	[1]	[YA]	[WA]	144.4]		[44.1]	[1 1/]		
											-				
Business or I	Resider	ice Addres	s (Number	and Street,	City State,	Zip Code)									
Name of Ass	sociated	l Broker or	Dealer							· · · ·					
Ivanie of 733	Sociated	DIORE! OF	Dealer												
States in Wh	nich Per	son Listed	Has Solicit	ed or Inten	ls to Solici	t Purchasers	5 .					·			
(Che	ock "Al	1 States" o	r check indi	ividual Stat	ec)								П	All Si	ntas
`	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ـــــــــــــــــــــــــــــــــــــ	All S	ates
IJ	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Name (I					[1]	[OI]	[V 1]	[VA]	[WA]	[•• • •]	[₩1]	[14 1]	[FK]		
		411	01 1	10.	0: 0: 1	7: 0.1)									
Business or I	Resider	ice Addres	s (Number	and Street,	City State,	Zip Code)									
Name of Ass	sociated	Broker or	Dealer						1						
144/110 01 7133	Journal	Bloker of	Bealer												
States in Wh	nich Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S						·		···-
(Che	eck "Al	1 States" o	r check indi	ividual Stat	es).									All S	ates
=	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All 3	aws
1]	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
-	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
[1	141	[36]	رمی							et, as neces:		T AA I	[1.17]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests \$ 1,000,000,000 1,250,000 Other (Specify:\$_ 1,250,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases

Answer also in Appendix, Column 4, if filing under ULOE.

1,250,000

N/A

N/A

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Accredited Investors

Non-accredited Investors _______

Total (for filings under Rule 504 only)...______

Type of offering	Type of Security	Doll	lar Amount Sold
Rule 505	<u>N/A</u>	\$	<u>N/A</u>
Regulation A	N/A	\$	N/A
Rule 504	N/ <u>A</u>	\$	<u>N/A</u>
Total	N/A	\$	N/A

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

the box to the left of the estimate.		
Transfer Agent's Fees		\$ 0
Printing and Engraving Costs	X	\$ 2,000
Legal Fees	\boxtimes	\$ 20,000
Accounting Fees	X	\$ 10,000
Engineering Fees		\$ _0
Sales Commissions (specify finders' fees separately)		\$ 0
Other Expenses (identify)		\$ 0
Total		\$ 32,000

<u>\$</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	and total expenses furnished in response to Part	te offering price given in response to Part C - Question 1 C - Question 4.a. This difference is the "adjusted gross			\$	999,968,000
5.	of the purposes shown. If the amount for any pur	roceeds to the issuer used or proposed to be used for each pose is not known, furnish an estimate and check the box tents listed must equal the adjusted gross proceeds to the b above.				
				Dir	ayments to Officers, rectors, and Affiliates	Payments to Others
	Salaries and fees		X	\$	(1)	□ \$
	Purchase of real estate			\$		□ \$
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$		□ \$
	Construction or leasing of plant buildings and fac	lities		\$		□ \$
	Acquisition of other businesses (including the val may be used in exchange for the assets or securities	ue of securities involved in this offering that es of another issuer pursuant to a merger)		\$		□ s
	Repayment of indebtedness			\$		□ \$
	Working capital			\$		□ s
	Other (specify):securities investments			\$	·	X \$ 999,968,000
	Column Totals		X	\$	(1)	X \$ 999,968,000
	Total Payments Listed (column totals added)				X §	999,968,000
i) The	General Partner of the Issuer will be entitled to receive management fees at an unn	ual rate of 1% of the capital account balance of each Limited Partner.				
		D. FEDERAL SIGNATURE				
ın un		e undersigned duly authorized person. If this notice is filed ties and Exchange Commission, upon written request of its of Rule 502.				
ssuei	(Print or Type)	Signature			Date	
Rang	er Small Cap Fund, L.P.	N		1	October 16, 200	03
Vame	of Signer (Print or Type)	Title of Signer (Print or Type)				
Nimr	od Hacker	General Counsel of Ranger Investment Management,	L.P., g	enera	al partner of th	e Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E. STATE SIGNATURE	
		Yes No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	
	See Appendix, Column 5, for state response. Not Applicable	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not Applicable

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Ranger Small Cap Fund, L.P.	V2	October 16, 2003
Name (Print or Type)	Title (Print or Type)	
Nimrod Hacker	General Counsel of Ranger Investment Ma	anagement, L.P., general partner of the Issuer

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				
1		2	3	<u> </u>		4			5
	to non-a	i to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		under St (if yes explar waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No _	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
ні									
ID									
IL_									
IN					·				
IA									
KS									
KY									
LA									
ME_				·					
MD									
MA_									
MI									
MN									
MS									
МО									
MT									
NE									
NV									
NH]	

				API	PENDIX						
1		2	3			4			5		
	to non-a investor	to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NJ											
NM											
NY											
NC											
ND		ļ									
ОН											
ок											
OR											
PA_											
RI											
sc					_						
SD		ļ					-				
TN											
TX		X	1,250,000	3	\$1,250,000	0	0	N/A	N/A		
UT											
VT											
VA											
WA	-								<u></u>		
WV											
WI											
WY		<u> </u>					<u> </u>				
PR	·	<u> </u>									